

Grimes Parks & Recreation De

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF
GRIMES



Hunter Education Class

Program Description:

This class is taught by Doug Beavers of Dallas Center. There are no guns and live ammo in the room at the same time. NO ammo! One shotgun, 2 or 3 rifles, and no handguns are present. There is a maximum of 25 people per class. More classes are being set up throughout the year.

Who: For Boys and Girls 11 & up (Must be at least 11 years old.)

Where: Grimes Community Complex

Days: Monday, February 6 – Wednesday, February 8, 2012 **OR**
Monday, March 5 – Wednesday, March 7, 2012

Time: 6:00pm – 9:00pm

Instructor: Doug Beavers, Certified DNR Instructor
Cell Phone is 515-480-2505
Email is dabeavers@stinefeed.com



Questions: Brett Barber, Grimes Parks & Recreation Director
at bbarber@ci.grimes.ia.us or at 986-2143.

To Register: Bring in registration to the GCC, OR
Mail to 410 SE Main Street in Grimes, IA 50111.

Cost: \$5 per person payable to City of Grimes

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2012 "Winter/Spring Hunter Education Class" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Please circle- February Session March Session

Please have your child's social security number available at the first class for the instructor.

Cost is \$5 per person.

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes